

September 12, 2003

Re: MDR #: M2-03-1639-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This 52-year-old male claimant was injured while on his job on ____, followed by longstanding complaints of lower back pain with intermittent pain in one or both legs. Appropriate studies and conservative care were done. It was determined that the patient is not a surgical candidate. His orthopedic surgeon recommended an electrical muscle stimulator, to be rented and used at home.

After approximately two months, an office visit note states the patient had been compliant in using the EMS device, and appeared to be improving in strength and comfort. Thus, on 05/08/03, the purchase of the RS4i sequential stimulator was recommended. However, the 06/19/03 and 07/17/03 notes suggest the patient is unchanged, with no progression or regression of symptoms.

Disputed Services:

RS4i sequential stimulator, four-channel, combination interferential and muscle stimulator unit.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the RS4i sequential stimulator is not medically necessary in this case.

Rationale:

Even though the medical records provided show that the patient used the muscle stimulator for five months in a proper manner, there is little evidence that his symptoms and function changed significantly.

In the peer-reviewed study cited, muscle stimulation was used as an adjunct to supervised physical therapy, but only for two months maximum. This reflects the reviewer's opinion that there must be an end-point set for its use in any patient, as was done in this investigative study.

It is unlikely that the continued use of this EMS device could relieve and rehabilitate this patient. Its continued use after two months is medically unnecessary.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on June 26, 2003.

Sincerely,